SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

- policy liability.

 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

 5. Any false reporting may be referred to the Police for investigation.

 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission 30/09/2021 09:57 (SGT) Date of Accident 29/09/2021 13:05 (SGT) Exact Location of Accident Singapore Additional Location Information JUNCTION OF STAMFORD RD & ESPLANADE DR Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

1496

Vehicle Registration Number SMF6488B

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **ZHANG YUGANG** NRIC No. S8486423D Email Address ZHANGYGHNC@OUTLOOK.COM Mobile Phone No (Phone) +65-98897297

Alternative Phone No (Home) +65-98897297

VEHICLE PARTICULARS

Manufacturer

Mazda Model 3 Variant Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to your vehicle? Yes Vehicle Category Private car Transmission Auto CC

INSURANCE COMPANY

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy No Policy Number Cover Note Number

DRIVER

Name of Driver **ZHANG YUGANG** NRIC No. S8486423D

Date Of Birth 04/04/1984 Occupation Indoor Date Of Driving Pass 17/10/2014 Driving experience 6 YEARS AND 11 MONTHS Gender Mobile Number (Phone) +65-98897297 Alt. Phone Number (Home) +65-98897297 Email Address ZHANGYGHNC@OUTLOOK.COM Address 25 LOR 3 TOA PAYOH #07-12 Address complement Postcode Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver GENERAL INFORMATION OF THE ACCIDENT Type of Accident Collision - Cross Junction Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Toa Payoh Neighbourhood Police Centre Police Station Phone No (Phone) +65-18002519999 Alt. Police Station Phone No (Fax) +65-63548749 Police Station Address 93 Toa Payoh Central Toa Payoh Community Building #01-02 Singapore 319194 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO ATTACH ATTACHMENT(S) Are accident photos available for attachment? Was there any video captured by Car Camera? Yes Reasons for not uploading a video of the accident SD CARD WITH TP Was there any audio recorded? Nο **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKU9118U

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG HUP KERN
NRIC No	S7611959G
Contact Number	(Phone) +65-91121333
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ;
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims:
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

SMF 6488B

SEU 9118U

Sketch Plan

Raffles -stainford RD

Describe Circumstances of the Accident
Dote: 29/Sep/2021
Time: 1:05 pm. Location: Junction of Scamford Road and Esplanade Dr Weather. Clear
Weather, clear
Read : DRY.
I observed no car, During the turning. I felt my car was hit my ount her car (car plate no: SKUGIIFW).
I observed no car, During the turning. I telt my rai was hit
by onother car (car plate no: SKU 9118W).
SKU91184 was travelling at fast speed when the impact hit. SKU91184 hit the left back of my car. Two Airhags on the left deployed. The left back wheel was also damaged.
SKU 911811 hit the left back of my car. Two Airhage on the left
deployed. The left buck wheel will also damaged.
The first the state of the stat

Declaration

IWe declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

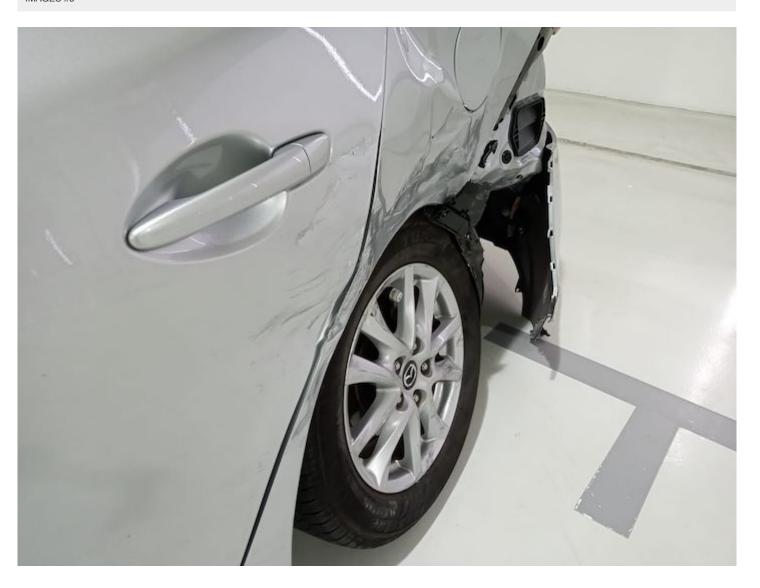
Time 4: 10 pm .

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



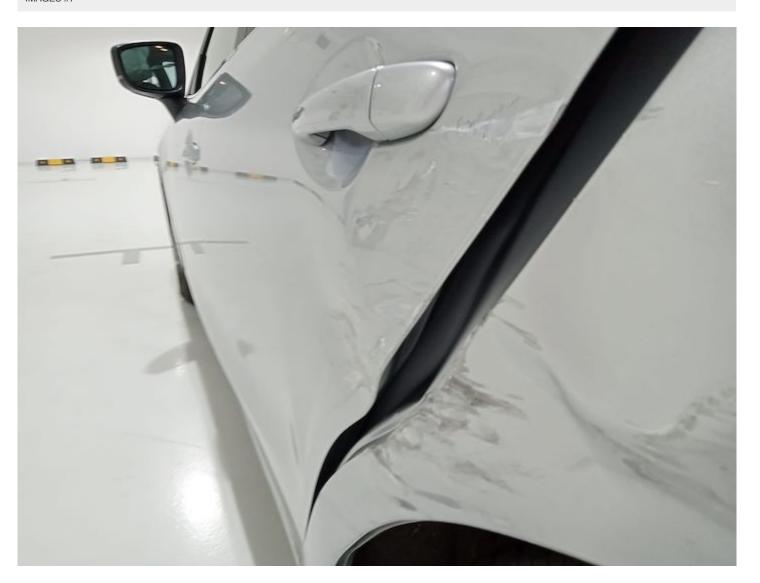


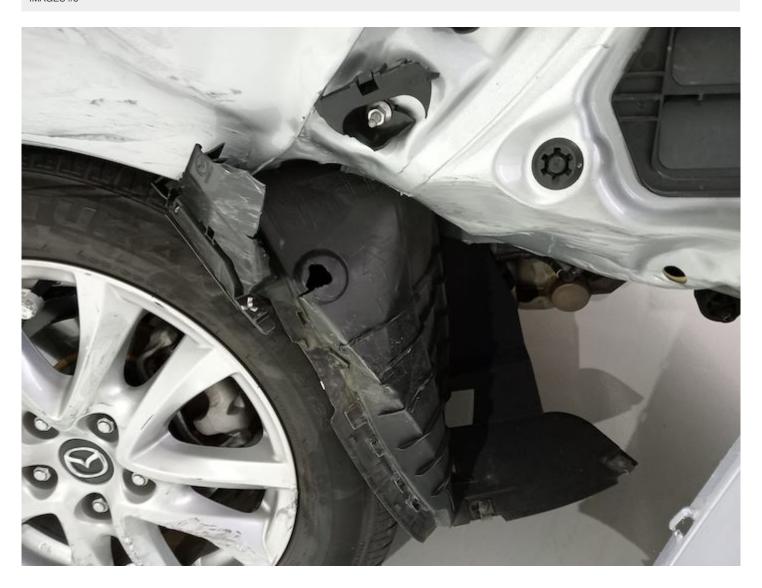




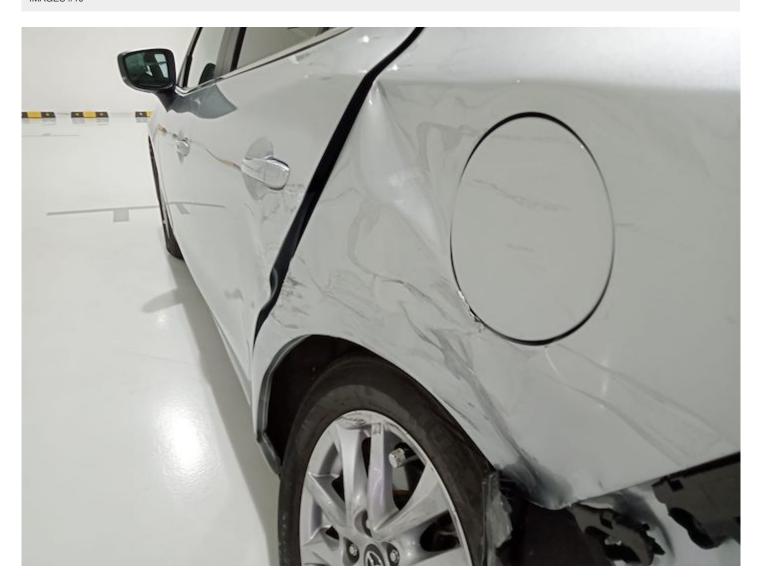


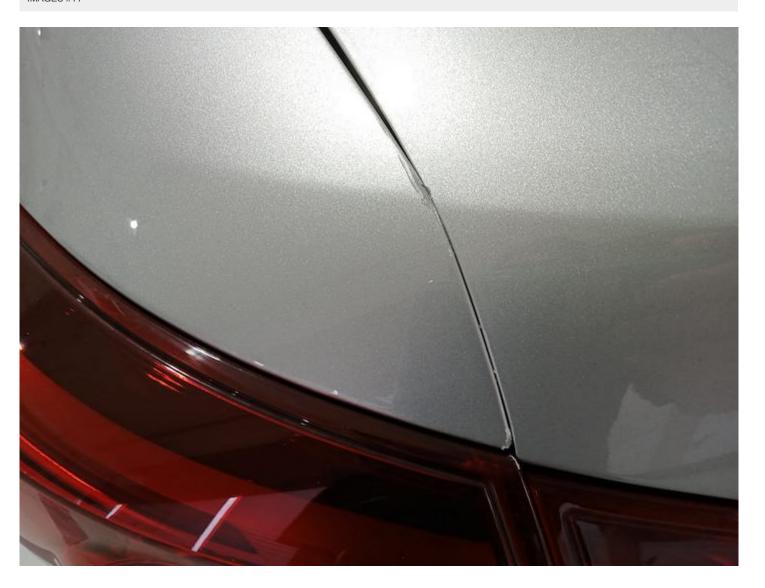


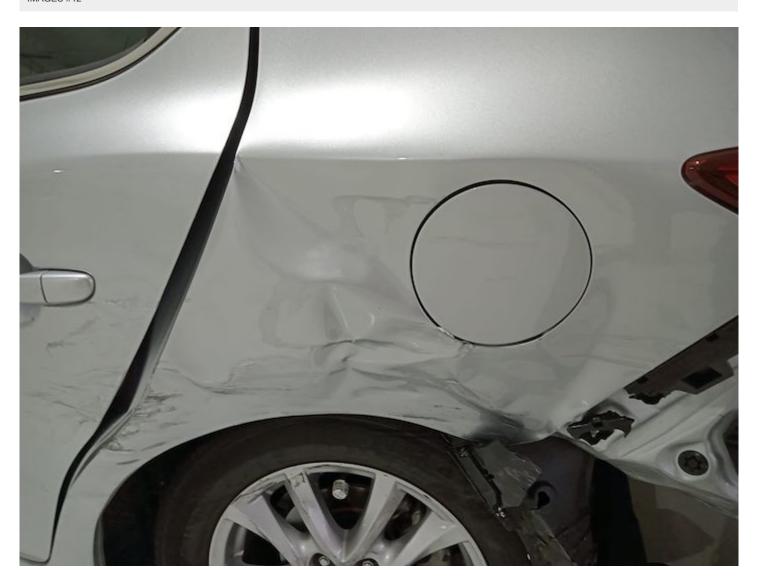




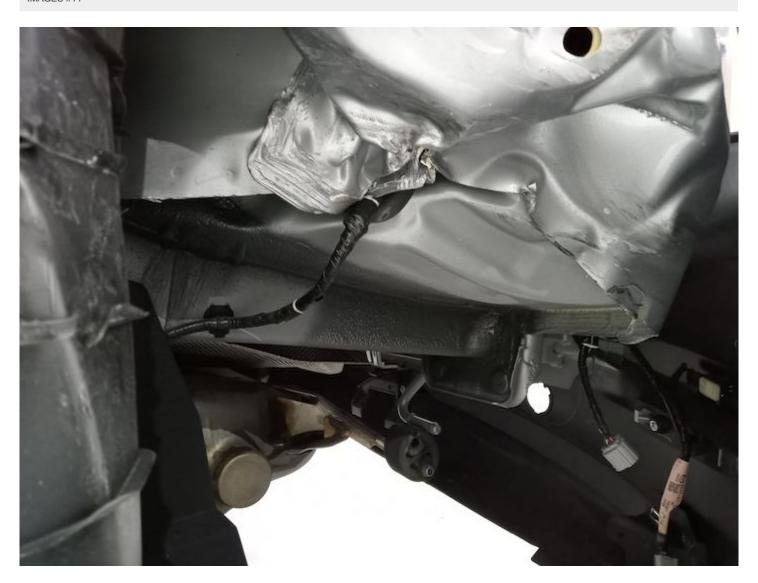






















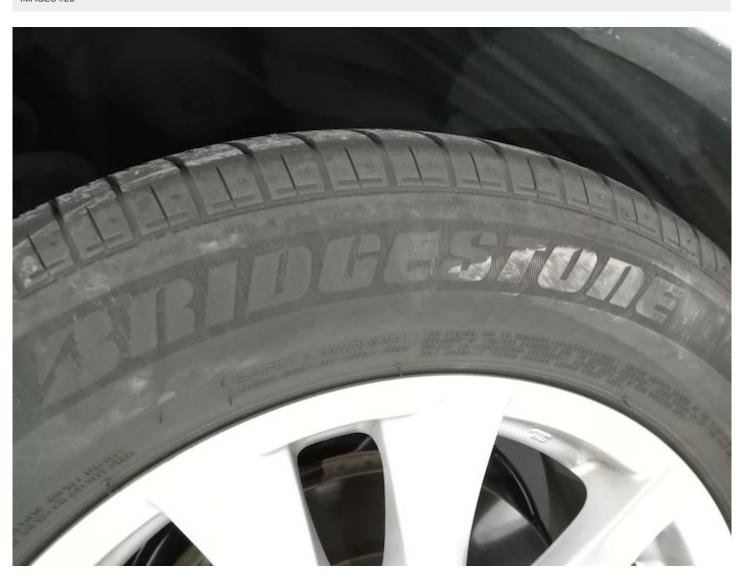




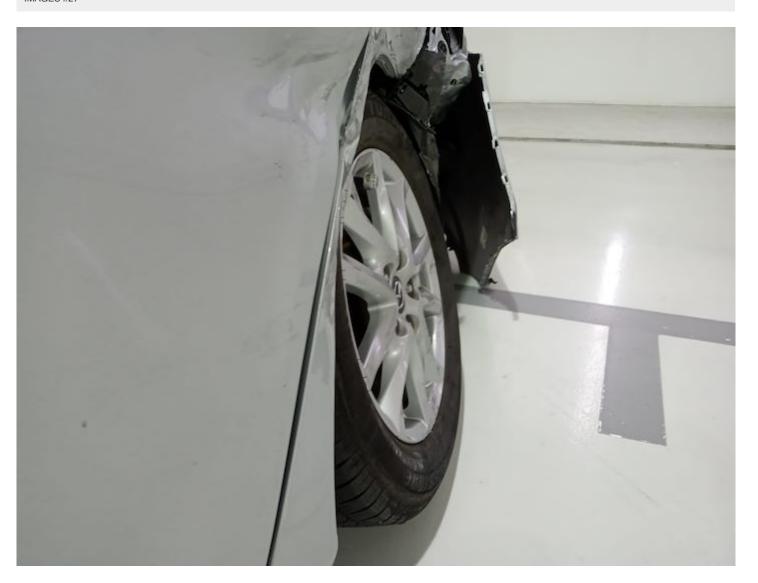


















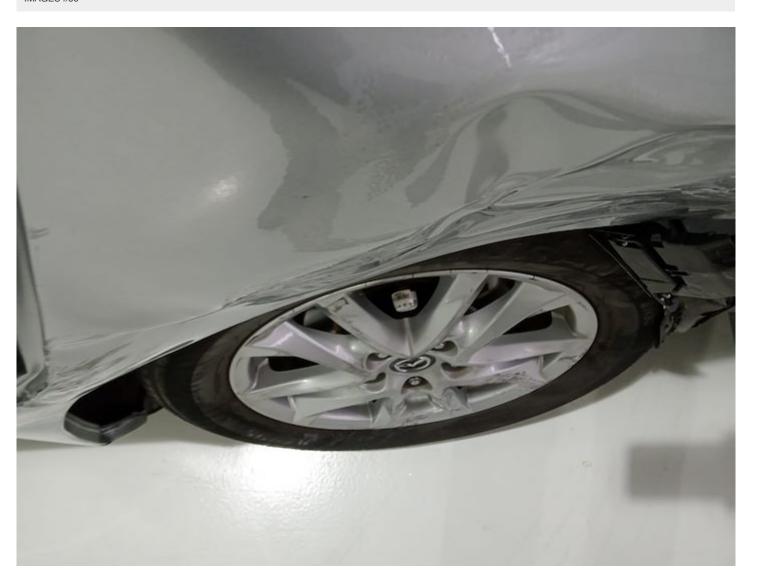


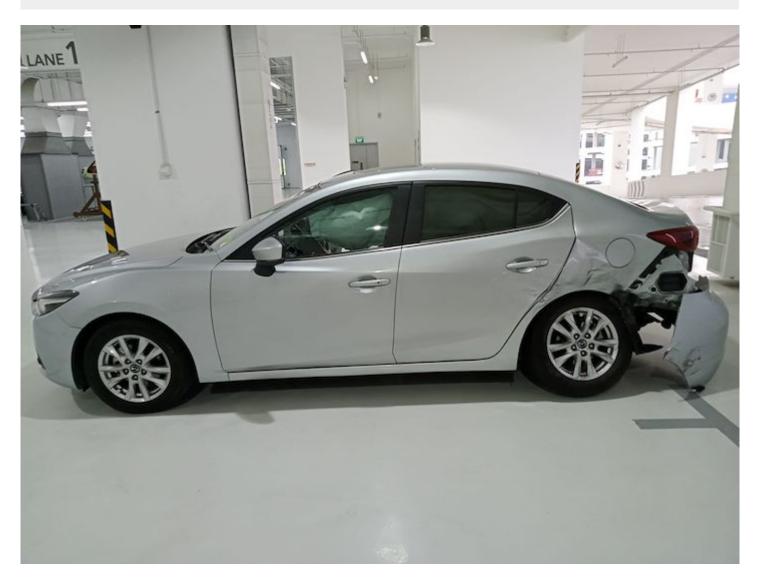


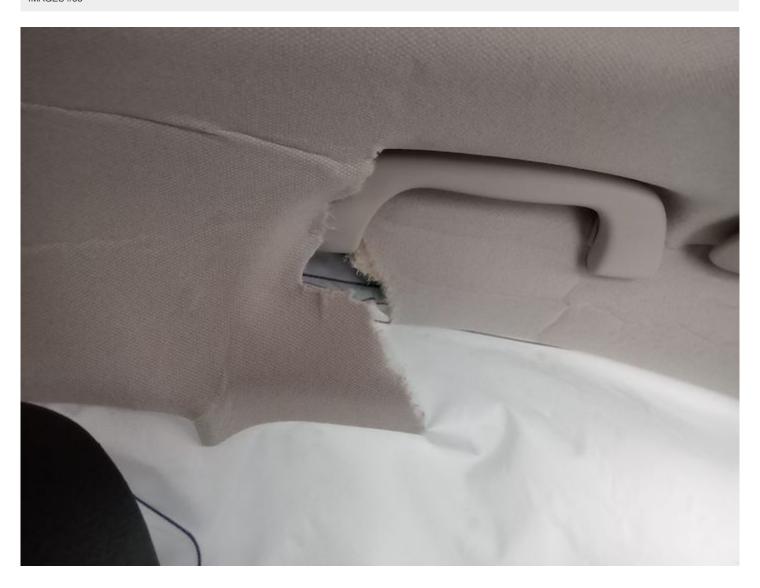


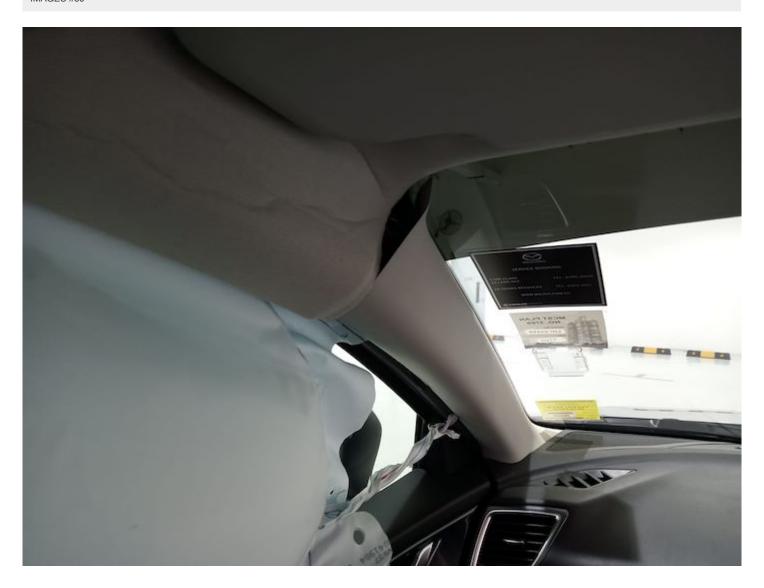
















1 of 3 Report No. T/20210929/2091

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT			
Date/Time Report Made:	Vide Report No.:	Station Diary No.:	
29/09/2021 18:55	A/20210929/0062	95	

29/09/20	21 18:55	an extending a party of	A/20210323/0002	00 11 11 11 11	
Informa	nt's Particu	ilars	paragraph of the state of the s	SECULO DESCRIPTION DE LA COMPANSION DE L	
Name of Informant: ZHANG YUGANG		Tinser en Jriptins Int and övhstebe	Address: 25 LORONG 3 TOA PAYOH #07-12 SINGAPORE 319583		
	Type / ID No.: Contact No.: Home/Office:		Mobile: 98897297		
Nationali SINGAP	ty: ORE CITIZ	EN	Email:	BAKES, AND We rour left writed	
Sex: Male	Age: 37	Date of Birth: 04/04/1984	Type of Informant:		
Race: Chinese		SOSTA IIBLE enling	Language:	Institution / School Name:	
Occupation: Self employed			Driving Licence Information: Class: 3A	Date of Expiry:	

Type of	Injury	Drink	Date/Time of	Type of Location:	
Accident: Attended by Poli		Drive: Accident: No 29/09/2021			
Location: ESPLANADE	DRIVE				
Weather:		Road Surface:		Road Speed Limit:	
vveatner:	The second second second second		NAME OF BOTH OF STREET OF STREET		
Traffic Flow:		Traffic Control:	DOLL CONTROL TO THE REAL PROPERTY.	raffic Volume:	

Details of V	enicie invo	ivea		The same of		
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SKU9118U	Car				Seriously Damaged	
SMF6488B	Car	MAZDA	MAZDA3 SEDAN 1.5 AT LED EU6	Silver	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMF6488B	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800132861-01	20/11/2020	19/11/2021



Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999



Report No. T/20210929/2091

Brief Details.

On 29/09/2021 at about 1300hrs, I was driving my vehicle (SMF6488B) along Nicoll Highway and was about to make a right turn towards Stamford Road. It was a green light, as such I proceeded to make a right turn when another vehicle (SKU9118U) drove from Esplanade Drive and hit onto the rear left side of my vehicle. This resulted in two airbags in my vehicle being deployed.

The impact resulted in my rear bumper being dislodged from my vehicle, dents on the left side of the vehicle, and the rear left wheel being disfigured as well.

The impact also resulted in the other vehicle's airbag being deployed and the exterior of the vehicle suffered dents, cracks, scratches and some panels being loose.

I then called for the ambulance and was also attended to by the police vide A/20210929/0062. The other driver was then conveyed to the hospital.

I was then instructed by the traffic police) to make a police report by 24 hours.

